



### PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 submitted to the Office of State Procurement Services.

*INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Procurement Services intranet site (Forms page) for additional instructions.*

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/OFI		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Melinda Farrell		
(If applicable) Department Reference #:		OFI-26-127		
Agency Department Code:	10A	Advantage CT / RQS # :	202508290000OFI26127	
Amount: (Contract/Amendment/Grant)		\$78,920.00		
CONTRACT	Proposed/Original Start Date:	8/25/2025	Proposed/Most Recent End Date:	12/31/2025
AMENDMENT	New Effective Date:		New End Date (if Applicable):	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Public Consulting Group Boston, MS		
Brief Description of Goods/Services/Grant:		PCG will perform an assessment of Maine's Supplemental Nutrition Assistance Program (SNAP) payment accuracy challenges and opportunities. They will complete a Strength Weakness Opportunity and Threats (SWOT) Analysis and provide Recommendations and an Executive Memo.		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input type="checkbox"/>	J. Willing and Qualified
<input type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. Higher Education Cooperative Project	<input type="checkbox"/>	L. Other Authorization

Please respond to ALL of the questions in the following sections.

### PART III: SUPPLEMENTAL INFORMATION

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

L.D. 119-21 will result in states sharing the cost of federal SNAP benefits based on their Payment Error Rate (PER). At our current PER we would be responsible for 10% or roughly \$3,000,000.00 per month. If we improve our PER by 2 percentage points, that liability drops to roughly \$1,500,000.00 per month. If we improve it by 4 percentage points, those benefits will be 100% federally funded. The analysis provided by PCG will be a key step to those crucial improvements.

PCG will perform a rapid 45-day assessment of SNAP accuracy challenges and opportunities. They will use USDA FNS "[SNAP: Keys to Payment Accuracy](#)" as a framework for this analysis, examining the following areas:

1. **Root Cause Analysis** – How is the State using data to reveal how and why errors happen?
2. **Quality Assurance Reviews** – What tools is the State using to prevent or correct errors in real-time, including on-the-job training for eligibility workers?
3. **Policy Options and Waivers** – What policy issues may be influencing payment errors?
4. **Training** – How is the State delivering staff training that reinforces existing policies, procedures, and best practices? How is payment accuracy incorporated into that training?
5. **Staffing and Workload Management** – Do staff have the time, skills, and knowledge they need to accurately determine eligibility and calculate benefits?
6. **Organizational Culture** – How might organizational culture influence the actions and performance of staff and can affect payment accuracy?
7. **Data Systems and Technology** – How well do systems support payment accuracy by correctly applying policy, supporting effective processes, and helping clients provide complete and accurate information?
8. **Corrective Action Plans (CAPs)** – To what degree does the State have a systematic approach for investigating and addressing the root causes of errors?

They will collect information through key informant interviews (6-8), group interviews (3-4), document reviews, and information shared by peer states (4-6), based on their willingness to participate. PCG may also administer brief surveys to staff if PCG and DHHS mutually agree that it would provide valuable and actionable insights. Our Project Manager (or designee) will work closely with a State Project Manager to help ensure that planning and execution of this work can take place at a rapid pace.

They will complete a SWOT Analysis (Strengths, Weaknesses, Opportunities, Threats) for the areas listed above, with a focus on areas 1, 2, 3, 7 and 8. In addition, PCG will provide Initial Recommendations based on this 45-day review. The development of these recommendations will be a collaboration with DHHS, with staff contributing data, insights, ideas, and opinions. These recommendations would include any strategic investments (e.g. staffing, technology, etc.) and actions that would be required to help Maine avoid the cost sharing penalty in FY28.

Once PCG has reviewed this information with key DHHS stakeholders, PCG will provide an Executive Memo summarizing its initial findings and recommendations. This memo will answer the following questions:

**PART III: SUPPLEMENTAL INFORMATION**

- For FFY26, what actions can OFI take immediately that will improve accuracy?
- What is a reasonable estimate for FFY26 PER based on current and planned corrective actions?
- What actions could be undertaken to get to <6% PER in FFY26, and what are potential negative consequences of those actions, if any?
  - ▶ For FFY27, what investments in staffing and technology could be required to sustain a PER <6% in FFY27 and beyond? (Note: The list completed at the end of the 45-day assessment will be high-level estimates of cost and time, to be refined in next phase of work.)

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number and the date of award notification, if applicable.

OFI has worked well with this vendor for process improvement and Quality Control Analysis in the past. Their team is comprised of SNAP police and process experts many of whom worked as case managers, supervisors, managers or Quality Control Specialists. The passage of L.D. 119-21 on July 4, 2025 with the Payment Error Rate starting October 1, 2025 counting towards cost sharing necessitates that we expedite the process. We do not have time to wait for a more competitive process or bring another contractor up to speed. PCG's past experience and familiarity with the Office for Family Independence means they can trim two to four weeks off the time it would take any similar agency to conduct the same analysis.

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

Costs are fair, reasonable, and consistent with the vendor's cost proposal.

4. Describe the plan for future competition for the goods or services.

The Department does not intend to competitively procure this service. It is expected to be a one-time effort.

**PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)**

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

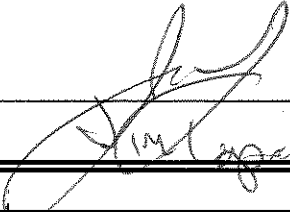
**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

*Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).*

The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

**PART VI: APPROVALS**

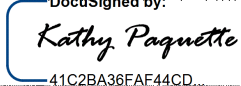
The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	<i>Kathy Paquette</i>	Date:	<i>23-Oct-25</i>

**PART VII: EMERGENCY – Required only if selecting E. Emergency Justification**

The signature below indicates approval by the Commissioner or designee of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>41C2BA36FAF44CD</small>		
Typed Name:	Kathy Paquette	Date:	1/20/2026